INSTRUCTIONS

after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1101

04077

		1	99
Reg.	Dist.	No. /	0 de

	ZIVL			Reg.	Dist. No.	
1. PLACE OF	DEATH		2. USUAL RESIDENC	E (HOME) OF DECI	EASED	
COUNTY	HARFORD	MARYLAND	STATE MARYLANI	COUNTY	HARFORD	
CITY (If out	side corporete limits, write RURA	L LENGTH OF STAY		e fimils, write RURAL and g	ive nearest town)	
TOWN RU	RAL - Bel Air	(in this place) 9 yrs.	TOWN RURAL -	Bel Air		wi
HOSPITAL OF			STREET	(If rural give lo	cetion)	
STREET ADDR			ADDRESS	Hickory		1
3. NAME OF DECEASE	(First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Yes	er)
(Type or Print)		HENRY A	NDERSON	DEATH AD	11 18 10	56
S. SEX			OF BIRTH 9.	AGE lest birthday   IF	UNDER 1 YEAR   IF UNDER	
Male	White   0		tember 25,1887	00 yrs.	onths Deys Hours	Min.
done during	JPATION (Give kind of work most of working life, even If	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHA	AT
retired) F 2	armer		North Carolin	а	U. S. A.	
B. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME		
	ey Anderson		Matilda La	ndis		
	ED EVER IN U. S. ARMED FOR		17. INFORMANT & ADI	DRESS		
Yes, no, or unk.)	(If Yes, give wer or detes of s	elAicel	Elmer R. An	derson (son)	, Aberdeen, /	Md.
DISPASES OR	CONDITIONS DIRECTLY LEADIN	G TO DEATH	ERTIFICATION		ONSET AND DE	
2010			am analdent		1 .	
	MEDIATE CAUSE (A)	Cerebro-vascul	ar accident		4 week	(5
	ECEDENT CAUSE(S) DUE TO	Arterioscleros	is		indefinit	te
SIVING RISE TO	THE ABOVE CAUSE DUE T	0				
	(C)					
TO THE DEATH	BUT NOT RELATED TO THE	<u>ing</u> Recent prostatectom	y for honlen hun	am turan bar	Flu	
90. DATE OF OP		OR FINDINGS OF OPERATION	ly for benigh hyp	er ir opny	5 Weeks	
						X
CONTRIBUTING	AS UNDERLYING 21b. CAUSE OF DEATH OF IT	PLACE (Home, ferm, fectory, NJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State	)
	JRY (Month) (Dey) (Year)		211. HOW DID INJURY OCCUR?			
		M. at work at work				
2. I hereby	certify that I attended	d the deceased from APC.i.l	12 1956_ 10 Apri	1 18 19 56	that I last saw the dec	reased
alive on.	April 18 , 1956	, and that death occurred	at 11:45 M, from the cau	ises and on the date	stated above.	
SIGNATU	RE // //			SS (Street, city, town, sl		GNEC
Vaul !	1. Stonerfe		115 Fulford Ave.	, Bel Air, M	d. Apr. 19,	, 195
3. BURIAL, CREA		NAME OF CEMETERY	OR CREMATORY	LOCATION (City, Iown, or	county) (5	State)
BURICI	APRIL	21/56 RuchSpi	W Bartist 1	ANCASTER CO	BENN.	
24. REC'D BY REC		S SIGNATURE	C 25. FUNERAL DIRECTOR'S SIG	SNATURE	ADDRESS	
4 9 1-	T1. 114.	11 Land	() 11 17	D 00	7 12-1	

MARY LAND STATE DEPARTMENT OF HEALTH-CARPINOSE, 12 E FEMORIE HTASO TO STADISTEED ET VINE TO THE 1 line - Wire the all the state of t In its all the artists of the second appetition with a fair and A transfer and a fine BUREAU V. S. 3501 CS 99A 

TO DEPUTY MEDIC CYAMINER: This certificate should be executed within 21 hours after death. If any delay is neclessed as a should be core the certifical fring the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director: For 4 should be farwarded to the formal Manual Ma

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4 4102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04078

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY	44 3 8344 444	2. USUAL RESIDENCE (WH	nere deceased lived. If institution b. COUNT	rtian: Residence before admission)
b. CITY OR TOWN (If outside corporate limin, write RURAL	c. LENGTH OF STAY IN 15	CITY OR TOWN US	and the second of the terrorite	PAPER OF A 1906
and give nearest lawn)	c. LENGTH OF STAT IN 10	C. CITE OR TOWN (IF &	11th	RURAL and give nearest town)
Hess, Monklon	71110	17ES), -	- MONKLO	77 , Koy X
d. NAME OF HÓSPITAL OR INSTITUTION (IF not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Carre Wilso	Middle 0.715E//	Lost 4	L. DATE Month	Day Year 1937 19
5. SEX 6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	IFUNDER TYEAR IF UNDER 24 HRS.
Female white wood	A	Hay 5 18	69 86 yes.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10t during most of working life, even if retired)	, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slate a	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Delow	orl	usa
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	•
James Hukh	1	Louise	Kett.	÷ 77
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. IN	FORMANT,	Address	7
770	- m	rs Det ha	rd THER	Enzie, Tronkta
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).) Teriosclero	tic C.V. D	)isesse	INTERVAL BETWEEN ONSET AND DEATH
DUE TO				
Conditions, if any, which   (b)				
(a), stating the underlying DUE TO				
couse last. (e)				
PART II, OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH.	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ALDISEASE CONDITION GIV	/EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
	RIBE HOW INJURY OCCURRED. (E	nter nature af injury in Part I	ar Part II of item 18.)	
Haur a m		E OF INJURY (Hame, farm, sry, street, effice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I took charge of the	remains described abo	ve, held an Autapsy	, Inspection .	Inquiry , and find that
death resulted from: Natural causes	KI, Accident □, Suid	ide , Hamicide	, Undetermined o	ause П.
0, , , , , 6	20			hund
SIGNATURE LEGAL CO	almer	CHIEF MEDICAL EXA	MINER 🗍	DATE SIGNED
G C2-2 (d)	9 13 / 40 .03	_M.D. AMISTANT MEDICAL	EXAMINER IN	11/11-1
EXAMINER'S NAME (Type)	- MA.	DEPUTY MEDICAL EX	LAMINER [	411156
220. BURIAL, CREMATION, 226. DATE THEREOF	228 NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county) (State)
Secretal Chr 4/5	6 Chester Pl	ital	Chester	Pa,
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE
Marin Heart?	Kerrellsvell	Pace DATE H	13/36 Prus	cilla toword

VS. A15ME(5) 5M 9/55

Carrie Street Bracell THE REST OF STREET STREET STREET 7- 3-3 How seed the # STATES an Ber nard Freezest, " at ocut a RAA [] A 17 [] A 17 [] A 18 [] A The star from the nothing to be the

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 =		Them 7. Film (197 5=1) = 50 et Reg. Dist. No. 18/
should		1. PLACE OF DEATH  a. COUNTY  A. TO THE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)  b. COUNTY  b. COUNTY  c. STATE  M. d. b. COUNT
Source:	MY	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest term)
clor:	DO	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
files.	N. A.	3. NAME OF First Middle D Lost 4. DATE Month Day Year
r your	X	(Type or print) Paul Spencer BIShop DEATH April 20 1936
hed for	XI.	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED S. DATE OF BIRTH  WIDOWED DIVORCED MD 48 1938  7. AGE (In years lost birthday)  Months Days Hours Min.
d 2 wi	~/	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY  14. S. A.
moy b	I)	13. FATHER'S NAME P 14. MOTHER'S MAIDEN NAME
Doge me		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [19, no, or unknown]   16 yes, given wor or doles of service)
5 E	0	14-36-163 SOSCAR J. Bishop HAYRE DE GRACE (Y.D. M
me P.M.		PART I. DEATH WAS CAUSED BY: FYD CTUTE SKULL, COMPOUND COMMINST AND DEATH ONSET AND DEATH
in for		816 X DUE TO
ang w		Gonditions, if ony, which (b) (b) (b) (c), staling the underlying DUE TO
ce of		COURS COST. (C)
sed o	0	E COMPOUND Frature Life Mur + 17 Tenur-
miner's		200. EXTERNAL CAUSE WAS PRIMARY POT CONTRIBUTING   Auto 2001 dent 3 uto - 3 uto to pe
al End	12	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 12), (Lity or town) (County) (Stote)
Medic Poge 3		19 30 -m. April 9 1956 while of work of AD Hadre defice bldg., etc.)  21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that
the Kief		death resulted from: Natural causes, Accident
o the	2	ACTUAL & Palmer M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
orded lo		EXAMINER'S Genald CPalmen Assistant Medical Examiner 4/20/56  NAME (Type) Genald CPalmen Deputy Medical Examiner 10
Forward Forwar		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY (Story) (Story) (Story) (Story)
A15ME(5)		23. FUNERAL BIRECTOR'S SIGNATURE. ADDRESS HOUSE STORY SIGNATURE DATE US. 23-15 DILLE VILLE
W 9/55		The state of the s

TO DEPUTY MEDICAL SXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is not are, please exe-

BUREAU K. A.

9261 88 A9A

BECEINED

1	L	MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		· 4104 CERTIFICATE OF DEATH
Page director	1.	PLACE OF DEATH  COUNTY  COUNTY  Larfare  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  Harfard  Harfard
be f		c. CITY OR TOWN (Il outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town)
frer fundid hould	-	d. NAME OF HOSPITAL (If got in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE
by II		OR INSTITUTION Level Area. Teval area. ON A FARM? YES NO !!
n 24 hour		NAME OF DECEASED Type or print) James Welster Bowruat. 4. DATE OF DEATH Cofril 23 kd 1956
pletely f	5.	Wale. White WIDOWED   DIVORCED   Sept 14-1876 79 yrs. Months Doys Hours Min.
nd com an pape death.		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country)  Taruer return  Laruer foreign Country  US A.
physician o mave carbo houry offer		Same L. Bowwar Lerrie Gorrell.
ing phy se remain 72 hou	1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Third of Social Security No. 17. INFORMANT This Time of Social Security No. 17. INF
attend en pleas nt withir		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  LOCAL LANGE OF DEATH  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  LOCAL LANGE OF DEATH  L
s that I		Conditions, if any, which ) (b) arterie relevant
require on. n signer sit per		gove rise to Immediate coduce (a), stating the under-lying course last.    OUE TO   (c)   (c)   (c)   (d)
he law physici has bee rial-tran naval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
CIAN: 1 Hending ifficate if the bu	IL CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
PHYSH tal or a this certification	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of wark
After ched fo urrial, ci		21. I certify that I attended the deceased from 4 22, 1956, to 42, to 1956, that I last saw the deceased alive an 4 2 2 M, from the causes and on the date stated above.
N ATT		ACTUAL SIGNATURE F. P. Sundan as M.D. Daveling an Md. 4/25/3
relaine RAL DIS shauld strar pri		PHYSICIAN'S NAME (Type)
May be page 3 s		BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown or county) (Stote) BENOVAL (Specify) 4/26/56 ROCK RULL COLUMBERY TOWN OF THE GREEK R. J. Maryland
VS A15 (4) 15M 9/55	23.	FUNERAL DIJECTOR'S SIGNATURE ADDRESS ALES CERCE MATERIAL 246, REGISTRAR'S SIGNATURE)

- NV 595 Investor which is a

The rest of the same of

# BUREAU V. E.

3261 72 A9A



NSTRUCTION

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4105 CERTIFICATE OF DEATH

04081

			100
200	Diet	No.	182

	1. PLACE OF DEATH	Z. USUAL RESIDENCE (HOME) OF DECEASE	
	COUNTY Hartord MARYLAND	STATE MA COUNTY 4 3)	bret
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il oufside corporele limits, write RURAL and give nea	rest town)
X	OR end give neerest town) TOWN (in this place)	TOWN For - st HIL	y x
10	HOSPITAL OR	STREET (If rural give location)	3
0	INSTITUTION OR STREET ADDRESS	ADDRESS	- /
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
	(Type or Print) Charles Hildite	6 BUNNIAS DEATH APTI	30 1,56
	5, SEX 6. COLOR OR 7, SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE lest birthdey F UNDER	
	M (Specify) Married Le	013-1898 57 yrs. Months	Days Hours Min.
,	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
1	relied) Pinnber Sult in planes	HARTURDED MO	NSA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	W- Bugkins	Sarah Hilditely	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	-41.
0	(Yes, no, or unk.) (If Yes, give wer or deles of service) 220-24-145%	SIEL) a KNOPP BARKINS F.	Rest HIMO
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ITIFICATION	ONSET AND DEATH
	1544 IMMEDIATE CAUSE (A) Carci NOMar	ectum with wide	246152
	NUC YO. A.		
	DISEASES OR CONDITIONS, IF ANY, (8)	\$	
	STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION   196. MAJOR FINDINGS OF OPERATION   197. MAJOR FINDINGS OF OPERATION   198. MAJOR FINDINGS OPERATION   198. MAJOR FI		20. AUTOPSY?
1	FUDIS1956 CarcINOMAT	05/2	YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)    21d. TIME OF (NJURY (Month) (Dey) (Yeer) (Hour)   21e. (NJURY OCCURRED	211. HOW DID INJURY OCCUR?	
	While Not white	an, non bib noon occur,	
	22. I hereby certify that I attended the deceased from 1.15	1056 104/30 1056 that 1	last case the decorred
2	4111 56	19.3.5, to 19.3.5, that I	
ĭ	alive on	ADDRESS (Street, city, town, state)	DATE SIGNED
S 10M	Lorell & Palmer M.D. I	3 offin Md. 11:	30/56
1.55	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county	(State)
A15C	BILGIE MULL 156 BL) DIR /	ManoRiel Paradous Beldin	MI
VSV	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	- 4.21-66 Styralla fourtet		CO. M. 1

BILL CERTIFICATE OF DEATH

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April 30 56

Charles Hilditin Buryins partiem M

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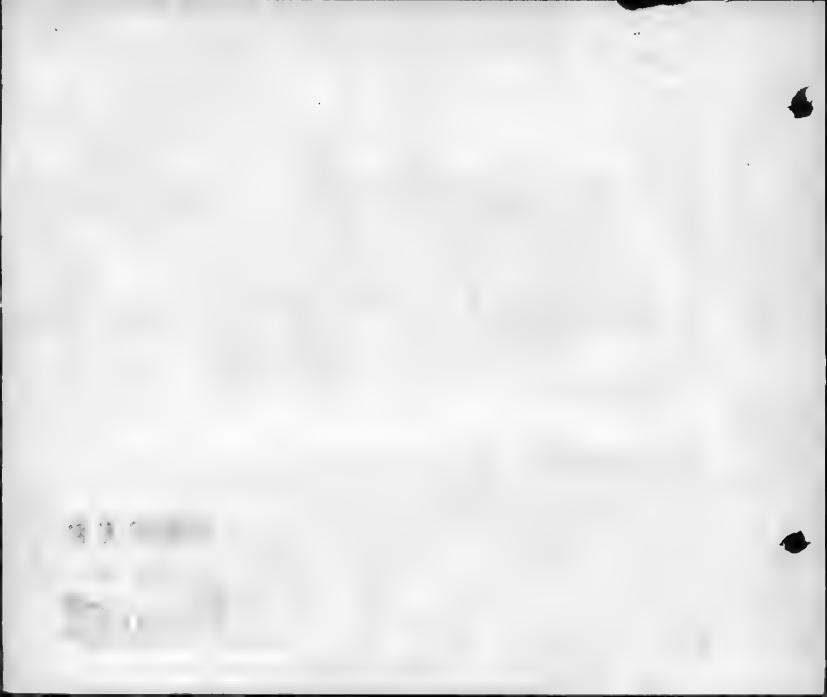
BUREAU V. Z.

4111 54 4130 gorsh of Polmer Belkin md. Wight 30/54

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3 NA. 2 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	4083
0.8 (c. M	4 4988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	18-1
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shauld crempfu	## ## ## ## ## ## ## ## ## ## ## ## ##	
A B To		est town)
a ba	Aberdeen aberdeen	
lay is nex I director. files. or priar h		ON A FARM?
ny dela neral d yaur fil gistror	DECEASED	and the same
For Garage		
de de la companya de	legt birthday) Months Days H	
	10c. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	HAT COUNTRY?
20,70		
E Seg	Wesley Carlton / Marita Green	
24 h	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
in a diff	1111 341 111 21 112 21 112 21 112 21 21 21 21 2	Aber.
PM3.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	BETWEEN
Ted B B B	PART I. DEATH WAS CAUSED BY:	ID DEATH
Item Item Isit	All I all all all all all all all all all	
in in it	Canditions, if any, which) (b)	
and benefit	gave rise to immediate couse	
5020		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY
d Original Paragraphics	YES YES	
peris	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	
d bi		
War War I Exc Shou	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
Bed 1	Selection of the select	-1 Mas
AM edge	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	nd find that
X. in Section 2		
5 5 5 5	97 11 6 P. Jane	
MEDIC riffical To the DIREC	SIGNATURE COLORER MEDICAL EXAMINER	ATE SIGNED
A ALL		7
DEPUTY A the cer rwanded I UNERAL removal.	EXAMINER'S GTVIUCTIMET MD DEPUTY MEDICAL EXAMINER # 4/26/5	Ø
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
5 2 5 2	Removal 30 Apr. 56 Arlington National Arlington, Va.	
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	)
5M 9/55	John 97 Tarring alenden my buttope 30 - 50 Pellie VI	lug

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## MOLEVO V. S.

SECEINED SAN

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VS A15 (4) 1SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04084

**CERTIFICATE OF DEATH** 4989

Reg. Dist. No.

	COUNTY				- 11:	. USUAL RESIDENCE (WI	nere decease		on: Residenc	e before	e odmissi	ignj
L	HE	rferd		MARYLI	o. STATE Maryland b. COUNTY Harford							
b.	RURAL and give nee	· ·	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF a		orate limits, write R	URAL and g	ive n'ear	est town	)
1	Bel Air	AL (If not in hospital, g	ive street	1 year		d. STREET ADDRESS	<u>r</u>			1	. IS RESI	IDENICE
1	OR INSTITUTION	, and an incorporation of	,							T I	ON A	FARM?
-						Webster	Stree	3t			AE2	NO
	AME OF ECEASED	Fir	sf	Middle		Last	4. DATE	Mon		Day	7	Yeor
	ype or print)	JUI	IA	MONNETT	i.	CASS	OF DEATH	Apr	il	20	1	9 56
5. SE	X	6. COLOR OR RACE	7. MARI	RIED   NEVER MARRIED	B	DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR I	IF UNDE	R 24 HRS.
	Fema le	white	WIDOW	ED DIVORCED		Nov. 13, 18	74	last birthdoy) 81 yrs.	Months	Days	Hours	Min
10a.	USUAL OCCUPATIO	N (Give kind of working life, even if retired	ione 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stole	or foreign o	country)	12. CITI	ZEN OF	WHAT	COUNTRY
	during most at work	ng tire, even it retired	!			Ohie				Ŭ.	S.	A.
13. F.	ATHER'S NAME					14. MOTHER'S MAIDEN N	JAME					
		Abram Monn	-++			Jane W		-				
15 1/				SOCIAL SECURITY NO.	12 1415	DRMANT	W. 1 11 0 4 1					
(Yes,	no. or unknown)	f yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.			3474 5 5	Addr		2 2		103
					Lirs	. Elizabeth	Wills	s (daught	er),	301	Air,	, Ind .
	B. CAUSE OF DEAT	TH [Enter anly one co	use per li	ne for (a), (b), and (e) ]		,	•			INTER	RVAL BE	TWEEN
П	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	P	neumonia, to	ermin	al					Wee	
		DUE TO								-	NOO	LASS.
	Conditions, if an	v. which h			2						۹	dela
П	gove rise to im	mediote		<u>arcinomatos</u>	LE-p-	Anera I					THO	nth
H	tying cause lost.	he under DUE TO		4-20-20-20-2		rectum, gr	T abo				8 ve	o M M
l <sub>z</sub> l		7 (c										
CERTIFICATION	PART II. OTH	EK SIGNIFICANI CON	DITIONS_	CONTRIBUTING TO CEAT	H BOT M	OT RELATED TO THE TERMI	INAL DIŞEAS	SE CONDITION GIV	EN IN PART		PERFO	RMED?
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING I IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OCC	CURRED.	Enter nature of injury in i	Part 1 or Par	rt 11 of item 18.)				
₹ 2	Oc. TIME OF INJURY	Month, Day, Ye	ar 20d II	NJURY OCCURRED 2	De. PLAC	OF INJURY (Home, form	206 ICIN	v or town)	10	ounty)		(State)
MEDICAL	Hour a. ji.	19	While	Not white	foctor	y, street, affice bldg., etc.	.)	y or lowly	10	оонтуј		(side)
T	p. m.			k of work								
	21. I certify the	at I attended the	deceas	ed from <u>March</u>	2	_, 19 <u>.56</u> , ta_A	pril	20 19 56	,that I li	ast sav	w the	decease
	alive an Apr					ccurred at 3:00_						
ш			, 1	fr.			ADDRESS (S	ireel, city or town,	stote)			TE SIGNE
	ACTUAL SIGNATURE	Poul x	12	tinesilent	V	315 V.	17 fand	LAve.			4/	20/56
	HONATUKE			0 1	KKMLI	/·	TITOE	LAWEA				20/00
	MYSICIAN'S NAME (Type) Pay	1 S. Stone	sife	r Jr. M. D	•	Bel	Air,	Md.				
22a.	BURIAL, CREMATION	226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d LOCA	TION (City, town, c	er county)		(State	:).
	REMOVAL (Specify)	aprizz	19.51	Oakwo	od	Cemetery	B	1 CMAI	11	1	other	10-
23. F	UNERAL DIRECTOR'S	SIGNATURE	and the	ADDRESS			D BY REGIS	TRAR 245 REGIS	TRAR'S SIG	NATURE	700	
	111/11.	· len		Bourson		md	1.900 -	3 / P		P	71110	hrel
1	VYIII	MILLU				//W DATE	W. O .	JUN V MAIL	JUIN	1	$\sim$	10



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04085

## 4106 CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY AFTER A GOOD MARYLAND	Wind the selection
COUNTY MARYLAND  GIT Li outside corporate fijnits, write RURAL LENGTH OF STAY  ond five nearest fown)  (fig this place)	STATE COUNTY COU
TOWN five nearest town) (in this place)	TOWN A LAND TEN
- Little Hone - I A	The Charlet Charlet
HOSPITAL OR INSTITUTION OR	STREET ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Lasi) 4. DAYE (Month) / (Day) (Year)
(Typa or Print) E7721112 (Friend	Mandlei DEATH (1/2136, 1956
S, SEX 6. COLOR OR 7. SINGLE MARRIED. 8, DATE CO. WIDO WERED; (Specify)	9. AGE lest birthday   TF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
Le practiffe week to the to	C)- // /2 Yrs.
dona during/most of working life, even If OR NOUSTRY /	11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY?
retired Housiews it toms	7(a) ( a) ///d, L'SH
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LICE HEREN Stable	AMARIA E CARTO
TIS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	INFORMANT'S ADDRESS
Tos, per or unk. (If Yes, give Arar or defeat of service)	Mr. Hermin Hilliam
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION JULY 22 TO THE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Illuty Yeary	Harling, I'm
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, 181 ( I MILD SCLEAM	2447
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
	YES NO
216. ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH  OF INJURY street, office bldg., etc.]  (IF ETIMER, NOTIFY MEDICAL EXAMINER)	Cic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	211, HOW DID INJURY OCCUR?
M. et work at work	
22 I havely continued the decount for the	, 1950 to Tuan 30 , 1955, that I last saw the deceased
	/ IA
alive on May 30 19 5 and that death occurred at	
	ADDRESS (Street, city, town, state) DATE SIGNED
3 Miller July Muso.	a Hilling In med 5/1/56
23 BURNAC, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, topin, or county) (Stata)
B. 1. 1 1/200 3, 1952 1 (1)	111/07 - ( n-16+7, 4 1/11)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS /
1 1/1/2 Callet 1	HA BALLINA BOLLANDE
DATE///	

BUREAU V

٠ ټه

uted within 24 hours after death. If any delay is neces is always and 18. Give Pages 1, 2, and 3 to the funeral director. If should rm PM3. Page 5 may be relatined for your files.

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prior

the fregistrar

and

poges

ward "pending" in pencil in Item 18
Il Examiner's Office along with farm shauld be used as a burial-transil per

TO DEPUTY MEDICAL EXAM cute the certificate ing farwarded to the Critical TO FUNERAL DIRECTOR: Pog

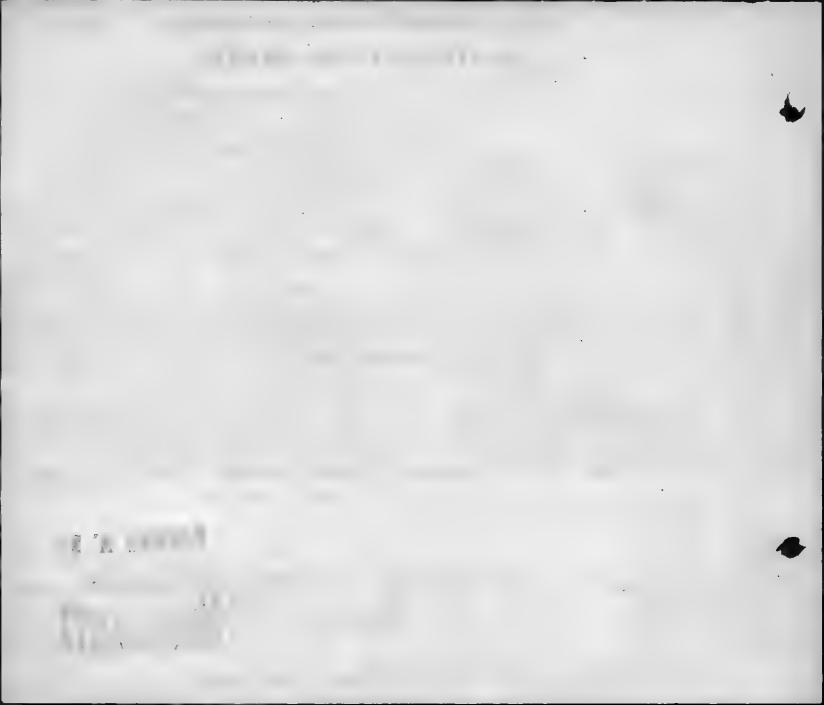
VS. A15ME(5) 5M 9/55



VS A15C 1-55 10Am

### CERTIFICATE OF DEATH 4108

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY HATTORS MARYLAND	STATE MA COUNTY HORLODA					
CITY (II outside corporate limits, write RURAL LENGTH OF STAY OR end give necrest town) (In this place)	CTTY (II cutside corporete limits, write RURAL and give neerest town) OR					
TOWN FMAORTON 2400RS	TOWN EMMORTON					
HOSPITAL OR	STREET (II rurel give location)					
INSTITUTION OR STREET ADDRESS	ADDRESS					
3. NAME OF (Forst) (Middle)	(Last) 4. DATE (Month) (Dey) (Yaar)					
	DEATH April 1936					
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O						
F W (Specify) Marry Set-	27-1920 35 yrs. Months Days Hours Min.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if P OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT					
retired)	Willow Gountry?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WN Cole	SOIRRY Christian					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, openk.) (II Yes, give wer or detes of service)	17. INFORMANT & ADDRESS INON MORTH I- ORM					
(105, no, deduc.) (ii 105, graywar or datas or sarvice)	Clinton Coch RUN BLIAIRING					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
C3~0. 100. 0	er VIX Utori 8 no.					
1						
ANTECEDENT CAUSE(S) DUE TO WITH WIND CONTROL OF THE PROPERTY O	Metastas, s					
GIVING RISE TO THE ABOVE CAUSE						
STATING UNDERLYING CAUSE LAST. DUE TO						
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH.						
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?					
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, } 2	Te. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. Where DID INDUST OCCUR! (City or lown) (County) (Simo)					
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not white	211. HOW DID INJURY OCCUR?					
M. at work at work						
22. I hereby certify that I attended the deceased from I.J.	, 19.55., to					
alive on 4.9	3.1					
SIGNATURE ( ) A A	ADDRESS (Street, clay, town, state) DATE SIGNED					
Levall ( ) alme M.O.	Bel AN 141- 417156					
23. SURIAL GREATION, DATE THEREOF NAME OF CEMETERY OR	CREMACURY  LOCATION (City, town, or county) (State)					
12/36/7 APRIL 12/36	MICKORY HARLERS HID.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FLINERAL DIRECTOR'S SIGNATURE ADDRESS					
DATE 4-12.36 Preveilla toutod	Joseph Joses Bilan Int.					



			MARYLAI	ND STATE DEPART	MENT OF F	HEALTH-BA	LTIMORE, 1	8	04087
			4109	CERTIFI	CATE OF I	DEATH		Reg. Dist. I	vo. 18
		PLACE OF DEATH o. COUNTY	Harford	MARYLAN	_ II o STATE	DENCE (Where decease armiland	ed lived. If institution b. COUNTY	Residence b	
	¥	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, w carest town! Aberdeen	rite c. LENGTH OF STAY IN 1		TOWN (If outside corp		JRAL and give	nearest town)
*	ŕ	d NAME OF HOSPIT	AL (If not in hospital, give s US Army Hosp:	ital ving Ground. Md	d STREET				G. 15 RESIDENCE ON A FARM YES NO
\		NAME OF DECEASED (Type or print)	Fins Jame:	Middle	s Con	nelly DEATE	Mont H Ar	ril	Day Year
	\$.	Male Male	7770	MARRIED NEVER MARRIED DIVORCED		н 14 1956	9. AGE (In years lost birthday) yrs.	Months Day	AR IF UNDER 24 H
1	100	during most of worl	ON (Give kind of work done king life, even if retired) [A	106 KIND OF BUSINESS OR IN		LACE (Stote or foreign	country)	12 CITIZEN	OF WHAT COU
	13	FATHER'S NAME				MAIDEN NAME			
(I)	1.		m Joseph Coni		Ger	trude Mary			
1	(A)	s, no of unknown)	(II yes, give war or dates of service)	None		(as in 2)	Addr	ess	
				per line for (a), (b), and (c).]				1	NTERVAL BETWEE
			MANEDIALE CHOSE TOT	Prematurity					hr 48
		776X	DUE TO	Maternal congen	ital anam	olios of u	t o w u o		
		Conditions, if o	mmediate (	Material Congen	TOAT Allalin	orres or a	verus		
		lying couse lost.	the <u>under-</u> DUE TO						
^	CATION	PAIT II. OTH		ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART I(o	19 WAS AUTO
	CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   206.   CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED (Enter noture	of injury in Part t or Pa	ort II of item 19.)		
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	V	20e NOT While Not work 1	PLACE OF INJURY foctory, street, office	Ittome, farm, 20f. (Ci e bldg , etc.)	ty or town)	(Coun	(צי) (צי
		21. I certify th	at I attended the de						saw the dece
		alive on	l Apr	12_5, and that de	ath occurred of	1030 PM, fro			
/		ACTUAL SIGNATURE	1166582	in Capita	CMD US Ar	my Hospital	Street, city or town, L Aberdeen		DATE S
		PHYSICIAN'S NAME (Type)	V. G. COSER	IU Capt NG					
		BURIAL, CREMATIO REMOVAL (Specify)	14/17/56	22c. NAME METER	Y OR CREMATORY	27d. LOC.	ATION ICITY, TOWN, O	Harfer	Store)
	23	FUNERAL DIRECTOR		y oberden.	"Leur	DATE ALL	STRAR 246 REGIS	TRATES AGNA	HURE )
	5	85001	12XVOI			1			

y 3/ 

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 4	1088
# .c	4110 CERTIFICATE OF DEATH Reg. Dist. No.	181
director led will	1. PLACE OF DEATH O. COUNTY  WARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before o. STATE  7//CFL/CEL  b. COUNTY  Fary	regodmission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give near RURAL and give near town)  Lefe  12   See   14   15   16   17   18   18   18   18   18   18   18	rest town)
22 25 25 25 25 25 25 25 25 25 25 25 25 2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Prescuel Road.  Crescuel Road.	ON A FARM? YES NO
24 hourst	3. NAME OF DECEASED (Type or print) Property Office Start Office Start OF DEATH CAPTILITY OF THE OFFICE STARTS OF	Y Year 19.56
d within dietely fi	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  11160.  11	HOUR Min.
d comp	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12 CITIZEN O  10 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12 CITIZEN O	S A
ofer be	13. FATHER'S NAME Joley 2/5 war 14. MOTHER'S MAIDEN JAME LESS.	<u> </u>
certifical ng physic remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  The no. of unknown of data of services the services of services of services of services the services of	horden
attendii n pleose		ERVAL BETWEEN ET AND DEATH
by the	Souther to Due to Blanch Clarate C.V. Dine and	12/12
equires n. signed ii permi	gave rise to immediate code (a), stating the under-lying cause lost.	1
physicia as been al-frons aval, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED? YES NO P
AN: The ending   icote he buri	20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICI If or oth his certifuse os motion,	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While all work of	(Stole)
After the coched for buring and particular and part	21. I certify that I attended the deceased from Lift T , 1970, to Child 1 last so	
たてりま。	alive an Direct of 1926, and that death accurred at	DATE SIGNE
TAL OR A  Telained by  AL DIRECT  hould be a  fror prior t	PHYSICIAN'S Ralph Horky MD Church VIYle	Md.
D HOSPII may be r D FUNER poge 3 si	220. BURIAL CREMATION, 216. DATE THEREOF 22C. NAME OF CEMETERY OR GREMATORY, 22d. LOCATION (City, jown, or county)  REMOVAL (Specify)  H/9/56:  Delical Control City, jown, or county)	(Stole)
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LES DANGES BY REGISTRAR 246. REGISTRAR'S SIGNATURE OF BUTTLE OF DANGES OF THE SIGNATURE OF TH	Plans
DIKE FIND	1 The state of	



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	04089
4 02	L	4111 CERTIFICATE OF DEATH Reg. Dist	. No. / 82
firector ed wit	1.	PLACE OF DEATH  COUNTY  AREA FORD  MARYLAND  2. USUAL RESIDENCE (Where deceased fixed if institution Residence of STATE Deceased fixed in the state of the state	
		b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town).	RFORD ve negrest town)
the fundshould		RURAL - BELAIR GDAYS RURAL - FOREST H	14-
d 2		d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
9 0 -		NAME OF Lost 4. DATE Month OF Lost 1. DEATH DEATH DEATH	Day Year
Poges		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yours IF UNDER T	YEAR IF UNDER 24 HRS.
		M WIDOWED DIVORCED THURS 1873 82 yrs. Months C	Pays Hours Min
nd completion popers.	100	during most of working (fe, even if retired)	EN OF WHAT COUNTRY
9 5 6 9	13.	FATHER'S NAME  TARRED FIGHT, HARFORD CO., M.D.	V131A1
physician as smarke carbo hour after.		WM. ENFIELD TACY WEEKS	
g physicion remave co	1\$. (Yo	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address	- M
Leoth certending please revithin 72			REST HILLY
otten otten with with		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Hypostatic pneumonta	INTERVAL BETWEEN ONSET AND DEATH
the the There is a sent to the		44 413 X DUE TO	HO RES
any c		Conditions, if any, which gove rise to immediate (b) Cerebral Hemmorrhage	
requires on. n signed sit permind in an	ľ	couse (o), stoting the under to three cardio-vascular disease	8-10 yrs.
law beel tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
The plant of	Į.	Prostatic hypertrophy  200. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	YES NO 🐧
Ficote ficote from the b	CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	
PHYSIC of or oth this certification, emotion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year North Hour a. p. 20d. INJURY OCCURRED While Not while at work of twork of two the other states of two the other states of two	unty) (Stote)
ospilos Affer and fo iof, a		21. I certify that I attended the deceased from July , 19 16, to April 17, , 1956 that I in	st saw the deceased
etaci bur		alive an April 11 , 19 56 , and that death accurred at 8:30 gM, from the causes and on the	date stated above.  DATE SIGNED
OR A ined by DIRECT Id be d prior b		SIGNATURE Willord P. Hidserzmp. Forest Hill, Md.	11-11-56
RAL shau shau stror	20	NAME (Type) Willard P. Hudson, M.D.	
Moy be moy be poge 3 the regi		O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  DORLAL Specify  DELTA	(Stote)
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE
15M 9/\$5		John IT. Harbine, Vella, Par. DATE 4-13-36 Purille	2 FULLY TO

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STATE 1896

INSTRUCTIONS

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 4112 CERTIFICATE OF DEATH

04090

Reg. Dist. No./ 8.2

	a lance of pentil	A. COOKE KEDIDEKCE (NOWE) OF DECEMBE					
	county Harford Co. MARYLAND	STATE Maryland COUNTY Hart	ford				
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest lown) (In this plece)	CITY (If outside corporete limits, write RURAL end give new OR	rest fown)				
4.	TOWN Forest Hill Entire Life	TOWN Forest Hill	X				
	HOSPITAL OR	STREET (If rural give location) ADDRESS					
	INSTITUTION OR STREET ADDRESS						
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Yaar)				
	(Type of Print) A PIFI STANDS EADA	DECEASED 1 OF					
	AAILE SIAI DI VALSORI	rd DEATH April	19 56				
	5. SEX 6. CÓLÔR OR 7. SINGLÉ, MARRIED, 8. DATE O	9. AGE last birthday IF UNDER	1 YEAR   IF UNDER 24 HRS. Days Hours   Min.				
	Female White Married Chr.	1 1884 12 yrs.	12				
, !	10a. USUAL OCCUPATION (Give kind of work of the done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stata or foreign country) 12	. CITIZEN OF WHAT				
	relicad) Housewife	Mit.	I-S-A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2.03.02.04.05.				
	Charles R Ctardical	Cassavdia Karel L					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIÁL SECURITY NO.	17. INFORMANT & ADDRESS	Mal W CF Hell				
4	(Yes, no, or unk.) (If Yes, give war-or dates of service)	1 - 1	Fores in				
		Frank O Foard					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH				
	153X IMMEDIATE CAUSE (A) Acute coronary occlusion						
			48 hours.				
	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  Coronary sclarosis						
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO						
	(c) Adeno - carcinoma	of large intestines with	2				
	10 THE SIGNIFICANT CONDITIONS CONTRIBUTING generalized meta						
	DISEASE OR CONDITION CAUSING DEATH DIRECTION MAILIT						
131	196, DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION		20 AUTOPSY?				
l	March 14,1956   Carcinoma of transverse	colon; Generalized metastases.	YES NO K				
	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.)						
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?					
	M. et work et work						
	22. I hereby certify that I attended the deceased from June	, 19.52, to April 11, 19.56, that I	last saw the deceased				
1							
E	ADDRESS (Street, city, town, stole) DATE BIGNED						
2	LUNIARD PROMOREMO	Forest Hill Ap	ril 12,1956				
-	23. BURIAL, CREMATION, DATE THEREOF- NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county					
	BLLFICE CLEFTS-56 PEXTLE	Forest Hill	Maryland				
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS				
	4-11-56 Presing 11 form	marting fluits level	Todalle no				
	DATE / - / W W W W W W W W W W W W W W W W W	The political decree					

1		MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	
		4113 CERTIFIC	ATE OF DEATH	9. Dist 14198
Page director	1.	LACE OF DEATH LOUNTY Har ford. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE Wary and b. COUNTY	Residence before admiss on) Har for
id be fi	3	RURAL and give nearest town)  C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If Julside corporate limits, write RURA	N. and give nearest town)
by the discharge of the		J. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 338 Parke Street,	# 33 & A. Parte Steel	e. IS RESIDENCE ON A FARM? YES NO
24 hau illed in es 1 and	3	NAME OF First Middle SECEASED Type or print)  ### Middle  ### Middle  ### Middle  ### Middle  ### Middle	Gollioce 4. DATE Month OF DEATH ahrif	Day Year 1956.
d within letely fine s. Pag	5.	A Della Co. White WIDOWED DIVORCED	B DATE OF BIRTH,  OAU 8th 1873 9. AGE (In years left many)  MM  3 yrs.	UNDER TYFAR IF UNDER 24 HRS onths Days Hours Min.
d camp	10	during most of working life even if relired)	USTRY 11. BUTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
ician an ecorbo	13.	William Green land.	14. MOTHER'S MATTEN NAME	,
certific ng physi remov 72 hour		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.  17.  18.  19.  10.  10.  10.  10.  10.  11.  11	INFORMANT & Gallion abord	lear mary/au
attendir oplease within	=	18. CAUSE OF DEATH [Enter only one cause per [ for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Fa:lure	INTERVAL BETWEEN ONSET AND DEATH
that the by the it. Then y event		Canditions, if any, which)  DUE TO  Cercebro	Anem:a	awk
equires signed at perm		gave rise to immediate case (a), stating the under- lying couse last (c) Heart BI	ock	awk
physicic os been iol-trans	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO TO
Ficore h		200 ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part II of item 18.)	
PHYSIC II or off nis certi use os imation,	WEDICAL	20c. TIME OF INJURY Manth. Day, Year 20d INJURY OCCURRED While Not white of wark at work	PLACE OF INJURY (Home, farm, 20f. (City or tawn) foctory, street, affice bldg., etc.)	(County) (State)
pspilo pspilo fiter II hed for rial, cre		21. I certify that   ottended the deceased from 5-27	. ( - IA D	hat I lost sow the deceose
ATTEN by ECTO or to detac		ACTUAL PUMP. POMMINISTERS SIGNATURE	ADDIESS (Street, city/o jawny stof	
TAL OR retained AL DIRI hould b rror pric		PHYSICIAN'S Peter P. Rodway M.	D. WAV. Lowen	M.V.
HOSPI noy be FUNER age 3 s	22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 228. LOCATION (Gry, town, or co	ounty) (State)
Q E Q 0 ± VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lotur 9. Parring abendeur was		AR'S SIGNATURE
15M 9/5S		9	( , , , , , , , , , , , , , , , , , , ,	20.1

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VIII A15C 1-55 10M ...

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04092

4107

1. PLACE OF DEATH

## CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No. 18d.

CITY (If audida comporters limits, write RURAL and give nevers frown)  ON NO CONTROL OF THE CONT	COUNTY Harford	MARYLAND	STATE Maryla	nd county Harfor	rd	
TOWN FOREST HILL  1 YEAR  1 HOSPITAL OF RESTRICT ADDRESS  2. NAME OF STREET ADDRESS  2. NAME OF STREET ADDRESS  2. NAME OF STREET ADDRESS  3. NAME OF STREET ADDRESS OF ORATION  3. NAME OF STREE	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo			
HOSPITAL OR MISTERIA ADDRESS  STREET ADDRESS  1. INAME OF DECEMBED DOTE Philips (Adddle) (Law) 4. DATE (Month) (Day) (Yaar) OECEMBED DOTE Philips (Adddle) (Law) 4. DATE (Month) (Day) (Yaar) OECEMBED DOTE Philips (Adddle) (Law) 4. DATE (Month) (Day) (Yaar) OECEMBED DOTE Philips (Adddle) (Law) 4. DATE (Month) (Day) (Yaar) OECEMBED DOTE Philips (Adddle) (Month) (Mont	TOWN		TOUGH	t Hill		
STREET ADDRESS  3. NAME OF (1910) DOTA Phipps GOSB GOSB GOSB GRAPH April 13 19 56  5. SIX 6. COLOR OR RACE WIDDWIND, DIVORCED, B. DATE OF BIRTH PROMISE OF RACE WIDDWIND, DIVORCED, B. DATE OF BIRTH RACE State or foreign country)  10. USHAL COLUMNION, Give kind of work.  4. Mornish DOTA Phipps GOSB  9. AGE lead brindery WILL ARREST HAMP FOR LEAD WILL ARREST HAMP APRIL ARREST HAMP FOR USHALL COLUMNION, Server if OR INDUSTRY  10. USHALL COLUMNION, Server if 10. KIND OF BUSINESS OR INDUSTRY 11. BRITHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S NAME 14. MOTHER'S NAME 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. REPORMANT A MODERSS 17. REPORMANT A MODERSS 18. MARDIATE CAUSE (A) ACULTE PUIMONARY Edema. 18. MEDICAL CERTIFICATION ONSTATAS ANTICCORT COUNTRYS 19. DATE OF OPERATION  10. STATUS UNDERLYING CAUSE (AST).  10. OTHER SIGNIFICAN COUNTRY OF THE MODERN COUNTRY ITEMS 10. OTHER DATE OF OPERATION 18. DATE OF OPERATION 19. DATE OF	HOSPITAL OR	1 2 3 5 6 6 5	STREET		/	
DECEMBED (Type of Pinn) DOTR Phipps GOSS  STR 6 COLOR OR RACE  7 SINGLE MARRID (Type of Pinn) DOTR Phipps GOSS  STR 7 SINGLE MARRID (Type of Pinn) DOTR RACE  7 SINGLE MARRID (Type of Pinn) DOTR RACE  17 SINGLE MARRID (Type of Pinn) DOTR RACE  18 DATE OF BIRTH PRINT ST 9 AGE lead burnhedey IF UNDER 24 MRS. Months Doys Hours Months Months Months Doys Hours Months			ADDRESS			
Type of Print Dora Phipps Goss Death April 13 956  5. SIX 6. COLOR OF COLOR OF PRINTED BY STATE OF BIRTH PRINTS OF BIRTH PRINT		(Middle)	(Last)		(Dey) (Year)	
S. SIX. 6. COLOR OR PACE.  WINDOWSE, DIVORCED, POMARIED.  FORMAL WINTED  ACCUPATION (Give kind of work)  OU. USUAL OCCUPATION (Give kind of work)  I.I. BRHHLACE (State of foreign country)  II. BRHHLACE (State of foreign country)  II. BRHHLACE (State of foreign country)  II. BRHHLACE (State of foreign country)  III. MOTHER'S MAIDEN NAME  III. MOTHER'S MAIDEN NAME  III. MOTHER'S MAIDEN NAME  III. BRHHLACE (State of foreign country)  III. MOTHER'S MAIDEN NAME  III. LERGH NA	19 0 1 3	Goss		DEATH April	1.3 19 56	
FORMAL WINTERS NAME  10. USIAL COLUMNY (Give hind of work of long, even II of NINDUSTRY)  11. BRITHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY IN COUNTRY IN CRIMINUSTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ALMED FORCES?  (16. SOCIAL SECURITY NO. IVE MOTHER OF MAIDEN DEATH  16. MEDICAL CERTIFICATION  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  10. DISEASES OR CONDITIONS, IF ANY. (B) CHOOSE AND DEATH  11. OTHER SIGNIFICANT CONDITIONS, IF ANY. (B) CHOOSE AND DEATH  12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  13. THE SIGNIFICANT CONDITIONS CONTRIBUTION  14. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  15. DATE OF OPERATION  17. INFORMANT & ADDRESS  16. SOCIAL SECURITY NO. (I) PROPERTY OF THE ADDRESS OR CONDITIONS, IF ANY. (B) CHOOSE AND DEATH  18. MEDICAL CERTIFICATION  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  216. ACCIDENT WAS UNDERLYING (DAY) (Year) (Hour) (State) AND WHAT OF INJURY (Month) (Day) (Year) (Hour) (County) (State) AND WHAT OF INJURY (Month) (Day) (Year) (Hour) (State) AND WHAT OF INJURY (Month) (Day) (Year) (No. What of Work and Work an	S. SEX 16. COLOR OR 17. SINGLE, MARRI	ED, B. DATE O	F BIRTH			
dose during most of working life, were if reliefed HOUSE WIFE.  13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MADEN NAME  15. WAS DECEASED EVER IN U. S. ABMED PORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  18. MAS DECEASED EVER IN U. S. ABMED PORCES?  19. INFORMANT & ADDRESS  19. INFORMANT & ADDRESS  10. INFORMANT & ADDRESS  11. INFORMANT & ADDRESS  12. INFORMANT & ADDRESS  13. INFORMANT & ADDRESS  14. MOTHER'S MADEN NAME  15. WAS DECEASED EVER IN U. S. ABMED PORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. INFORMANT & ADDRESS  19.	I Sunadul -	APRI	16-1875		Days Hours Min.	
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13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ABMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. IMMEDIATE CAUSE  (A) ACUTE Pulmonary Edema.  ANTECEDENT CAUSE(S)  DUE TO  OISEASES OR CONDITIONS, IF ANY  (B) Chronic hypertensive cardio—Vascular disease.  (C) Artariosclerosis.  11. Other significant Conditions Contributing  TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C) Artariosclerosis.  11. Other Significant Conditions Contributing  TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C) Artariosclerosis.  12. ACIDENT WAS UNDERLYING  TO THE ABOVE CAUSE OF DEATH  ON CONTRIBUTING CAUSE OF DEATH  OF INJURY Street, office bidg., aic.)  (IF CITHER, NOTIFY MEDICAL EXAMINER)  AD AD A STATING OF INJURY (Month) (Dev) (Yeer) (Hour)  All of white with a latended the deceased from and the deceased from and the control of the causes and on the date stated above.  SIGNATURE  22. I hereby certify that I altended the deceased from and the control of the causes and on the date stated above.  SIGNATURE  23. RUBBAL CERMATION,  REMOVAL (SPECTY)  APRIL CASCAR ARECO EXAMINER)  DATE-THERROF  NAME OF CEMETERY OR CREMATORY  APRIL CASCAR ARECO EXAMINER  12. FUNERAL DIRECTOR'S SIGNATURE  12. FUNERAL DIRECTOR'S SIGNATURE  13. FUNERAL DIRECTOR'S SIGNATURE  14. MOTHER'S MADDRESS  17. HOW DID INJURY OCCUR?  County)			tox. Va	Ţ	J.S.A.	
IS. WAS DECEASED EVER IN U. S. ABMED FORCES?  (Yes, no, or junk.)  If Yes, give an or dates of service)  ID. SEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ID. MEDICAL CERTIFICATION	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
It yes, no, or wish.   (if yes, give service)   It yes, no, or wish.   (if y	Floyd Phipps		Addatale	Standiters		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  ONSER AND OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Chronic hypertensive cardio—Vescular disease.  (C) Arteriosclerosis  STATING UNDERLYING CAUSE LAST.  (C) Arteriosclerosis  (C) Arterioscleroscle		S. SOCIAL SECURITY NO.				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE (A) ACUTE Pulmonary Edema.  ANTECDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY (B)  GIVER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSENDED TO THE  DISEASE OR CONDITION CAUSING DEATH.  NONE  190. DATE OF OPERATION  191. MAJOR FINDINGS OF OPERATION  192. DATE OF OPERATION  193. MAJOR FINDINGS OF OPERATION  203. AUTOPSY?  YES NO  OF KNIJERY STREET OF THE ACUSE (C)  216. ACCIDENT WAS UNDERLYING OF OPERATION  216. ACCIDENT WAS UNDERLYING OF OPERATION  217. OF KNIJERY STREET OF CONDITION CAUSE OF DEATH  (IF EITHER, NOTIEY MEDICAL EXAMINER)  218. ACCIDENT WAS UNDERLYING OF OPERATION  219. DATE OF INJURY (Month) (Day) (Yeer) (Hour) 210. INJURY OCCURRED While at work	(Tes, no, grants.) (If Tes, give that or deles of service)		1-1099 1305	Firest Hill M.	J RD	
ANTECEDRIT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE OF THE TO THE  DISEASE FOR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  NOTE  196. DATE OF OPERATION  196. DATE OF OPERATION  196. DATE OF OPERATION  196. DATE OF OPERATION  200. AUTOPSY? YES NO COUNTRIBUTING CAUSE OF DEATH OF INJURY MEDICAL EXAMINER; OF INJURY SITE AND ANY COUNTRIBUTING COUNTRY  While M. SI WORL SITE AND ANY COUNTRIBUTING COUNTRY  216. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY AS UNDERLYING OF INJURY SITE AND ANY COUNTRIBUTING  216. ACCIDENT WAS UNDERLYING OF OPERATION OF INJURY SITE AND ANY COUNTRIBUTION OF INJURY OCCUR?  While M. SI WORL SITE OF OPERATION M. SI WORL SITE	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION			
ANTECEDENT CAUSE(S)  DUE TO  DISEASE OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  ATTENDOCLOPOSIS.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  (C)  ATTENDOCLOPOSIS.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  NOTE  DISEASE OR CONDITIONS  (C)  ATTENDOCLOPOSIS.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  NOTE  DISEASE OR CONDITION CAUSING DEATH.  NOTE  198. DATE OF OPERATION  199. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  200. AUTOPSY? TES   NO    DATE INDIRY MIDDEN CAUSE OF DEATH  NOTE  199. DATE OF OPERATION  OF INJURY street, office bidgs, etc.]  191. THE OF INJURY (Month) (Dey) (Yeer) (Hour) (Stete)  While ETHER, NOTIFY MEDICAL EXAMINED  210. THE OF INJURY (Month) (Dey) (Yeer) (Hour) (Stete)  While Work at work at work  A stwork at work  A stwork (Street, city, town, stete)  DATE SIGNED  23. BURIAL, CREMATION,  REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  ARE OF CREMETERY OR CREMATORY  COLORIDA (CITY, town, or Zounly)  CSTETUTE  ADDRESS  CALL (FIG.)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (CITY, town, or Zounly)  CSTETUT AND ADDRESS  CALL (FIG.)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (SPECIFY)  A DATE-THEREOF  NAME OF CREMETERY OR CREMATORY  COLORIDA (S	MMEDIATE CAUSE (A) ACU	te Pulmonary E	dema.		h8 hours.	
DISEASE OR CONDITIONS, IF ANY, (B) Chronic hypertensive cardio-vescular disease STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  IPS. DATE OF OPERATION  IPS. MAJOR FINDINGS OF O	* ,					
STATING UNDERLYING CAUSE LAST.  (C) ATTATOSCLEROSIS  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISTANCE OF CONDITION COURSELING FOR CONDITION CAUSING DEATH.  NONE  198. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  199. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.)  OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.)  OF INJURY Street, office bidg., etc.)  OF INJURY OCCUR?  While Not while at work 1 attended the deceased from Lanch 19, 19	DISEASES OR CONDITIONS, IF ANY, (B) Chro	<u>nic hypertensi</u>	ve_cardio-vasc	mlar disease.	?	
17 THE SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.]  18 EITHER, NOTIFY MEDICAL EXAMINER;  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) While et work   31b. PLACE (Home) 12 th. INJURY OCCURRED While et work   31b. PLACE (Home) 13 that I attended the deceased from 13 Ch. 19	STATING UNDERLYING CAUSE LAST. DUE TO				9	
DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  197. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO DEATH  216. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 216. INJURY OCCURED NO while et work at work 1 at the death occurred at 3.1452M, from the causes and on the date stated above.  BIGNATURE  22. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY  ADDRESS (Street, city, town, stele)  DATE SIGNED  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY  CALL RICAL SECRET.  APRIL 6.56. CALL AFROX BAPTIST  SCHOOL SECRET ARE REGISTRAR REGISTRAR'S SIGNATURE  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS		erlosclerosis.	<del> </del>			
196. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO YES YES NO YES YES NO YES		None				
216. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., alc.]  21c. WHERE DID INJURY OCCUR? (City or town) (County)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not work at wo		OF OPERATION				
OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., atc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURED   21f. HOW DID INJURY OCCUR?  While   Not with   Not while   Not while   Not while   Not while   Not while   Not while   Not work   Not while   Not work   Not while   Not work   Not	OL ACCIONAL MAS ANAPPENDING FOLD ON A STATE OF		T. WILLIAM DIS BUILDY OFFICE			
M. while at work at wo	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,		TIE. WHERE DID INJURY O'CCUP	(? (City of fown) [Count	A) (2(91e)	
22. I hereby certify that I attended the deceased from Lanch 19, 1956, to April 13, 19.56, that I last saw the deceased alive on April 13, 1956, and that death occurred at 3.1.5			21f. HOW DID INJURY OCCUI	27		
alive on April 13., 19.56, and that death occurred at 3:45						
ADDRESS (Street, city, town, stele)  DATE SIGNED  FORST, Hill April 13, 1956  23. BURIAL, CREMATION, DATE-THEREOF NAME OF CEMETERY OR CREMATORY  DICATION (City, town, or county)  APRIL 656 CR H GROVE BOPT ST  SCHUCKS CORNER HEREOFS M  24. REC'D BY REGISTRAR  REGIS				The state of the s		
23. BURIAL, CREMATION,  BREMOVAL (SPECIFY)  APPIL 656  CREMETERY OR CREMATORY  SCHUCKS CRALL HEREOF  ADDRESS  ADDR						
23. BURIAL, CREMATION,  BEMOVAL (SPECIFY)  APRIL (6/56)  CR H GROVE BOPTIST  SCHUCKS CORNER HERROYS MS  24. REC'D BY REGISTRAR  REGI	SIGNATURE ) DOC A	1 -d 1	ADD		DATE SIGNED	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	23. BURIAL, CREMATION, DATE-THERBOF	NAME OF CEMETERY OR			13,1956 (Stete)	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1/13	(Sa K PRAISE	Baptist	SchucksConn	HERtons MI	
DATE 4-14.56 Suvella forward Joseph Tooks Bellen Weet					DDRESS	
	DATE 4-14.56 Survelle	forward.	Joseph 1	Joseph Bellen	Mal	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. A15ME(5)



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VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ON A FARM? YES A NO F Year Day 195 70 JIE LINDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours Min. 12. CITIZEN OF WHAT COUNTRY? 11 5 a Address zurot INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 🔲 NO P (County) (State) . 1952 that I last saw the deceased A M, fram the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) alwara 077 24a, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

BUREAU V. S.

3881 98 A9A

BECEINED

P.		TO FUNERAL DIRECT IN The this certifiants has been signed by the attending physician and completely filled in by the fuzeral direct	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed w	
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	may be retained by a spital or attending physician.	0	ğ	the registrar prior to burial, crematian, or remayal, and in any evect within 72 haurs after death.
e.				

	MARYLAND STATE DEPAR	RTMENT	OF HEALTH-	-BALTIM	ORE, 18	04	095
	4115 CERTIF	ICATE	OF DEATH		Re	g. Dist. No.	182
1.	PLACE OF DEATH  a. COUNTY + ARFORD MARYLA	II 0	STATE M.		. If institution R	lesidence before	odmission)
Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	N 1b c.	CITY OR TOWN (If our	side carporate lin	nits, write RURA	and give neare	st fawn)
L	BUTAL FAWN GREVE		RURAL		AWN G	ROVE 1	PA.
L	<ul> <li>DAME OF HOSPITAL (If not in hospital, give street address)         OR INSTITUTION</li> </ul>	d	STREET ADDRESS			ė.	IS RESIDENCE ON A FARM? (ES X) NO [
3.	NAME OF First Middle DECEASED	- //		OF OF	Month	Day	Yeor
5	(Type or print)  SEX  16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED		NSBERGER	DEATH	E (in years IF U	INDER I YEAR IF	- 195 6
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		19-1871	las			daurs Min.
10	c. USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR during most of working life, even if retired)  FAR MER  OWN FAR	INDUSTRY I	1. BIRTHPLACE (State or	foreign country)	٦. ا	12. CITIZEN OF	WHAT COUNTRY
13.	FATHER'S NAME	14, /	MOTHER'S MAIDEN NA	ME /			
L	JOHN HUNSBERGER		SUSAN	60,	A15		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 15, no. or unknown) [If yes, give wor or dates of service)	17. INFORM	ANT /	- 11	Address		,)
L	No	Mis	Walkerde	wift?	taun 1	come Ad	1-0
Г	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	0.0	1 +	0	1	ONSET	AND DEATH
	PART I. DEATH WAS CAUSED BY:	- Barr	so due 1	O Chris	216	10	dans
	Conditions, if any, which)	Even	cho-bm	R wm ac	76 4		)
	gave rise to immediate cause (a), stating the under- lying cause last.	t	· 1/2	Pd a	ac.		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT R	ELATED TO THE TERMINA	AL DISEASE CON	DILION GIVEN I	N PART 1(a) 19.	WAS AUTOPSY
FICATION							PERFORMED?
CERTIFIC	200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enle	r nature of injury in Par	rt I ar Port II af i	tem 18.)		
MEDICAL		Oe. PLACE OF	INJURY (Home, form, reet, affice bldg., etc.)	20f. (City or tax	(n)	(County)	(Slote)
MED	Hour a. n. While Not while of wark at wark	rociory, si	real, dirice bldg., etc.;				
П		271	19 Slo 10 Da				the decease
П	olive on Con S, 12 So, and that d	deoth occu	rred of 430 13	from the	couses and	on the date	stated above
П	ACTUAL () H & 'OU		Cof AD	DRESS (Street, ci	by ar tawn, store	,	PATE SIGNE
	SIGNATURE I Somm 11. Homman	M.D. ,_	South	10/pm	Dala		0211
L	PHYSICIAN'S MORMENT H. Gemmil	\					'
22	BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMET	ERY OF CREW	ATORY 2	2d LOCATION (	Lity, tawn, or car	unty)	(State)
1	BURIAL 4-11-36 TAWN GR	OVE				ORK Co.	PA.
73.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  STOLETICAL	A I	Q DATE 4	10 -54	24b REGISTRAS	R'S SIGNATURE	Income!
H	The same of the sa	wer L	of a part 1		LANG	NACO VV	MO 000-

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### CERTIFICATE OF DEATH 4116

Berlock	Reg. Dist. No/
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ALLOW MARYLO	AND STATE /// COUNTY TO LE
OR and give nearest jown)  LENGTH OF	F STAY CITY (If outside corporata fimits, write RURAL and give nearest town)
TOWN I IL JULIAN F XC	bi. Town for I we recho-
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rysel give focetion) ADDRESS
3. NAME OF DECEASED (First) (Middle) (Type or Print) (Section 17. SINGLE, MARRIED.	4. DATE (Month) (Day) (Year)  OF DEATH ( WORR 1 YEAR HE UNDER 2 A HES
MIDOWED DIVORCED, (Specify)	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during ghost of working life, aven it)  OR INDUSTRY of reliable to the control of the control o	S 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME.	14. MOTHER'S MAÎDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECTOR (If Mas, plye war or dates of service)	URITY NO. 17 INFORMANT & ADDRESS
This, no, or unit.) (if this give well of dalas of service)	14/3//13/20 acc
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DICAL CERTIFICATION
I SAMEDIATE CAUSE (A) Charle	Corner thrombers um el
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc. (If EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) 21e. INJURY OCCU White Not at work at work	IRRED 21. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	Man, 1947, to Cipul 9, 1956, that I last saw the deceased
alive on. Carlo, 19, and that death	occurred at. J. A., A, from the causes and on the date stated above.
Millialy Vielly Phillow	M.D. ADDRESS (Strott, clty-town, state) PATE SIGNED
REMOVAL (SPECIFY)	CEMETERY OR CREMATORY (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.

BUREAU V. S.

BECEINE

1		MARYLAND STATE DEPA	RTMENT OF HEALTH—BALTIMORE, 18	04098
		1 4093 CERTI	FICATE OF DEATH Reg. DI	st. No. 18/
Loge director	1.	COUNTY Harfor . MARY	(RAND 2. USUAL RESIDENCE (Where deceased fived. If institution: Resident o. STATE Wary (Dec.) b. COUNTY Ha	ce before admission)
18 1		CITY OR TOWN (If outside comporate limits, write RURAL and give nearest found)	IN 16 c. CITY OR TOWN (If outside carporate limps, write RURAL and	giv nearest town)
y the for		S. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF THE PROPERTY O	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES TO NO
4 hour	3.	NAME OF FIRST Middle	Lost 4. DATE Month	Day Year
thin 2 ly fille Pages	S. :	Type or print)  EX   6 COLOR OR RACE   7. MARRIED NEVER MARRI	ED 3 8. DATE OF BIRTH 9 AGE (In years IF UNDER	17 19 36
nplete	100	UG & WILL WIDOWED DIVORCE USUAL DECUPATION (Give kind of work done 10b. KIND OF BUSINESS O	= 1010	Days Hours Min.
nd cor	1	we define the working life even if retired) U.S. Grut	Teary Con	us Ft.
cian or carbo	13.	PORTAGE TORUS 2	14 MOTHER'S MAIDEN NAME	
g physici remave 72 baurs		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. or unknown) (It yes, give wor or dates of vertice)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dear rud.
eath lease thin 7		18 CAUSE OF DEATH [Enter only one cause per line less (a), (b), and (c)		INTERVAL BETWEEN
the d hen p ant wi		PART I. DEATH WAS CAUSED BY:	idry Edema	Jermins
s that d by th mit. Ti my eve		Conditions, if any, which ) (b) A review	is knotic Heart Disease	5 yr.
signed signed sit period and in c		gove rise to immediate code (o), stating the under- lying cause last.  DUE TO  COYOU 31	y Arteniosclavos:s	5 yr.
s been slicing	ATION	OF II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	AH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19 WAS AUTOPSY PERFORMED? YES NO V
iding property of the purity o	CERTIFICATION		CCURRED (Enter nature of injury in Part I or Port II of item 18.)	IN TO KI
HYSICIA or atternations as certification, a	MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. White Not white	20e. PLACE OF INJURY IHome, farm, 20f. (City or town) factory, street, office bldg., etc.)	County) (State)
spitol spitol for this crem	\$	p. m. 19   ot work   at work   21. I certify that [nattended the degreesed from 10]	1951, to Atoxi 27, 1966, that I	last saw the deceased
Pario burio			death occurred at 3100 AM, from the causes and on the causes and on the causes and on the causes are the cause are the causes are the caus	
or by RECTOR I be de rior to		SIGNATURE VILLY VILLY	h Was Mordeen M	4-30-5
retoin RAL Di shauld strar p	L	PHYSICIAN'S POTER P- MODING	24	
Most pode 3 the regi	220	BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEM PERIOVAL (Specify)	ETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
7 7	23.	FUNDRAL PIPECTOR'S SIGNATURE ADDRESS	20. REC'D BY REGISTRAR 246 REGISTRAR'S SH	GNATURE
VS A1S (4) 15M 9/S5		your 7. Tarring week	lowbul 20 Va Villie	J Vluy

BUREAU V. J.

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BECEINED

INSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04099

#### CERTIFICATE OF DEATH 4094

	1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED				
	COUNTY Harford	MARYLAND	STATE Maryland COUNTY Harford						
	CITY (If outside corporate limits, write RURAL OR end give naarest lown)	porete timits, write RURAL and giv	e neerest town)						
2	TOWN Ball 112	(In this place)	OR TOWN Forest	ררנזז					
	HOSPITAL OR	3 EQ.		(It ruret give toca	etion)				
Λ	INSTITUTION OR STREET ADDRESS CONTROL CONTROL		ADDRESS		/				
	OOMVATESCEME NOME	3 4 3	(Last)	4. DATE (Month)	(Dey) (Year)				
	DECEASED	liddle)	(ran)	OF	(Dey) (Year)				
	(Type or Print) Ernest Lackey			DEATH Apri	1 30 156				
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED RACE WIDOWED, DIVO		OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS.				
	Male White (Specific Wildow		uary 2.1870	86 yrs. Mor	iths Deys Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	11. BIRTHPLACE (Stete or to		12. CITIZEN OF WHAT				
7		NDUSTRY	25 9 2		COUNTRY?				
2	13. FATHER'S NAME	Smith	Maryland	NAGE	U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDER	NAME					
	Henry Lackey  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.			ne Bunce					
		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS					
1	(Yas, no, or unk.) (If Yes, give war or detes of service)								
		18. MEDICAL CI	ERTIFICATION	The second second	INTERVAL BETWEEN				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH				
	' IMMEDIATE CAUSE (A) <u>COPO</u>	nary Thrombo	sis (Acute)		- isonon				
	ANTECEDENT CAUSE(S) DUE TO				11.1				
	DISEASES OR CONDITIONS, IF ANY, (B) Chron	<u>ic Decompens</u>	sated Cardio- V	ascular Diseas	9 191.				
	STATING UNDERLYING CAUSE LAST, DUE TO				/				
	(C) Arte	<u>rio-sclerosi</u>	LS						
	TO THE DEATH BUT NOT RELATED TO THE				7				
	DISEASE OR CONDITION CAUSING DEATH,			<u> </u>					
	198. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			YES NO [Z]				
	21e. ACCIDENT WAS UNDERLYING []   21b. PLACE [Home,	farm. factory.	21c. WHERE DID INJURY OCC	UR? (City or town)	(County) (State)				
-	Z16. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, off (IF ETHER, NOTIFY MEDICAL EXAMINER)	ice bldg., etc.)			(				
		NJURY OCCURRED	21f. HOW DID INJURY OCC	UR?					
i	While	Not while p							
			50 -	13.00					
,	22. I hereby certify that I attended the deceas								
	alive on April 29 , 19 56 , and	hat death occurred	atO.\$OQ.B.M, from the	causes and on the date	stated above.				
<u>0</u>	SIGNATURE 0 0 11	A.	ADI	ORESS (Street, city, town, stel	DATE SIGNED				
in Ch	Willow P. Du	CLSDZM.D.		orest Hill Md	April 30				
٥	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY C	R CREMATORY	LOCATION (City, town, or o	ounty) (Stete)				
A15	BURIO May 166	Rock Sp.	RingEpiecepe	FORESTH!	Har hand				
2	24. REC'D BY REGISTRAR   REGISTRAR'S AGNATURE	1	25 FUNERAL DIRECTOR	SIGNATURE	ADDRESS				
	DATE 4-30-56 Pring 100 -	for more	121184	150 B.O.	Buch				
	DAIL TO CO PURCILLA	000000	THE THE DE	- according to	~ ····				

MAY 2 1956

BUREAU M. S.

1			MARY	LAND STA	ATE DEPART	MENT OF HEALT	H-BALT	IMORE, 18	041	00
-			41	17	CERTIFIC	ATE OF DEAT	Н		Reg. Dist. No.	181
N N	1.	LACE OF DEATH	To we am d		MARYLAND	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY		e admission)
<i>p</i>	-	b. CITY OR TOWN	Harford (If outside corporate limi	its, write   c. LE	NGTH OF STAY IN 15	Maryl c. CITY OR TOWN (IF		ite limits, write RUS	Harford  RAL ond give neon	rest town)
1	X		Aberdeen			Aberd	cen			
F. S.		OR INSTITUTION	US Army Ho Aberdeen P	spital roving 6	Fround - Md	d. STREET ADDRESS	Street		1	ON A FARM? YES NO 17
و ا	3	NAME OF DECEASED (Type or print)	Fir		Middle Nellie	Livingston	4. DATE OF DEATH	Month Apri	Do.)	Year 1956
1	5.	SEX		_ ~	NEVER MARRIED	B. DATE OF BIRTH	9	4	FUNDER TYEAR	IF UNDER 24 HRS.
	L	Female	Wh.ite	WIDOWED [	DIVORCED [	March 22, 1	888	AGE (in years lost birthday) 68 yrs.	Months Days	Hours Min.
3	100	. USUAL OCCUPATI during most of wo	ON (Give kind of work rking life, even if retired	done 10b. KIND	OF BUSINESS OR IN	USTRY 11. BIRTHPLACE (STOP	e or foreign cou	ntry)		F WHAT COUNTRY?
1	12	Housewife	9	Man	18 Heur	Grand Ran		chi ; ar.	USA	
	13.	Adrian Ba	nirom							
		WAS DECEASED EV	ER IN U. S ARMED FOR	RCES? 16_SOGIA	AL SECURITY NO. 17	Jacoba Kl	aassen	Addres	• 77,77	illcrest N
	[Ye	i, no or unknown)	(If yes, give war or dates of s	Harry 19	77 -01 12	arl S Livings	ton	Grand		aichigan
			ATH [Enter only one co						INTE	RVAL BETWEEN ET AND DEATH
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Esophag	eal varice	s with massiv	e hemor	rhage	39	hrs 7 min
		281.0	701.10			2.4				
		Conditions, if a	immediate	/	sis of the	TIAGL.				
		catse (a), stating lying cause lost.								
	NO.	PART II. O1			BUTING TO DEATH B	IT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	V IN PART 1(0) 15	P. WAS AUTOPSY PERFORMED?
2	FICATION			f						YES . NO .
	CERTIF	20a, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFI	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of injury in	Port Lor Port I	1 of item 18.)		
	SI	20c. TIME OF INJU			OCCURRED 20e.	PLACE OF INJURY (Home, for	m, 20f (City o	or lown)	(County)	(Slote)
	MEDI	Hour o.m p.m.	19	While I		octory, street, office bldg , e	(c.)			
		21. I certify t	hat I attended the	deceased fr	am 21 Apr	, 1956 , to 2	2 Apr	1956	that I last sa	w the deceased
		alive an	22 Apr	19.56		th accurred at 1157				e stated abave.
,		ACTUAL	WALLE	time			*	et, city or town, st	•	DATE SIGNED
1		ACTUAL SIGNATURE	Variable	Milar		M.D. US Array Ho	spital .	Aberdeen	PG Md	23 Apr 56
		PHYSICIAN'S NAME (Type)	R. S. WHI	TMAN, Ca	pt MC					
	22	BURIAL CREMATION REMOVAL (Specify	ON, 226. DATE THEREO	OF 22c.	NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, sown, or	county)	(Stote)
	_	sur (al	107/00/10	936	Behers	Cemetery		urilee		eryland.
	23	FUNERAL DIRECTO	and the contract of the contra	crries	aberda	10 X 17	C'D BY REGISTRA	AR 245 REGIST	RAR'S SIGNATUR	Poul
		2000	7. 00			DATE	mrs-	SIA 1/19	ac /	Juny



MESEIVED 1956

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after death,

04101

# 4095 CERTIFICATE OF DEATH

80 Reg. Dist. No.

후축	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
a a	COUNTY Hat Ford MARYLAND	The last of the state of
9 .	CITY (If outside comporate limits, write RURAL   LENGTH OF STAY	STATE Majey (And COUNTY Har Ford CITY (If outside corporate limits, write RURAL end give neersat town)
hou ctor,	OR and give neefest town) (in this piece)	OR TOWN
Night !	HOSPITAL OR HOSPITAL OR HOSPITAL OR	410103 -12 17618
14	INSTITUTION OR /	STREET (Il rural give location)
within	STREET ADDRESS Hav Ford Mrzinerial Hospit	al 354 Waler En St.
₹	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
2 0	(Type or Print) John Jaylok	Maurers DEATH HDR. 1-9. 19 1911
egis	5. SEX   6. COLOR OR   7. SINGLE/MARRIED. / 1 8. DATE O	
5.0	Thouse I have the Widowed, DINORCED.	100 Cos yrs. Months Days Hours Min.
Ť.=	10a, USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
<b>美國年</b> ₹	done during most of working life, aven if retired)	Al COUNTRY?
ed wil	13. FATHER'S NAME	Horraran, Maryland
	13. PATRICKS CHAME	14. MOTHER'S MAIDEN NAME.
cate be fill complete al transit	Frank Maurics	Hhnis ( halman
omple tran	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS
iat ial	(Yas, no, or yet.) (15/2s, give war or dates of service) Un ferrorn	annul Maure Haned flace Ma
ertifi and buri	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
- LE	0/	ONSET AND DEATH
sicia as	Add MAMEDIATE CAUSE (A)	U SAGAIL
ohysi use	ANTECEDENT CAUSE(S) DUE TO	to a said to
تِ وَيَّ يَّ وَيُ	DISEASES OR CONDITIONS, OF ANY, (8)	The thirty of the thirty
din b	STATING UNDERLYING CAUSE LAST, DUE TO	will it are all
es ten che	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11 CAT A ATTENTION OF THE STATE
quires that a attendi detached	TO THE DEATH BUT NOT RELATED TO THE	
the the	DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2 🔪		YES NO
The la	21b. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
2 × × ×	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while	TH. HOW DID INJURY OCCUR?
RECTOR: sen exect assembly	M. st work at work	
	22. I hereby gertify that I attended the deceased from	195, to CE 14, 195, that I last saw the deceased
5 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	alive on 4 4 4 19 10 and that death occurred at.	
e has	SIGNATURE	AUDRESS (Streat, sity, idwn, stata) DATE SIGNED
ERAL DIS	(6 - Le Kurbe MIX)	Have do Gace - apr 11-56
Zize	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
FUNER certificate death certilist 1-55 1	REMOVAL (SPECIENT 4/12/5/ Canally	Hand Mese Mr.
2	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. BUNERAL DIRECTOR'S SIGNATURE
>	CI I MAY ( UL) " m. of	ADDRESS ADDRESS
	DATE CAN. 11-1954 G L. Xewy M dk.	1 Hand Char Mil.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04102

## 4118 CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
4	COUNTY HARFORD MARYLAND	STATE M.D. COUNTY HARFERD
	City (If ourside corporate limits, write RURAL LENGTH OF STAY OR and give naarest town)	CITY (If outside corporate timits, write RURAL and give peacest town)
	TOWN WHITE FORD RN# (in this place)	TOWN PURAL WHITEFORD PRK#1.
	HOSPITAL OR	STREET (If rural gives location)
h	INSTITUTION OR STREET ADDRESS	ADDRESS (IF TURN give location)
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaar)
	(Type or Print) CHARLOTTE ELIZABETH N	IERRYMAN DEATH 4-18- 19.56
	5. SEX 6. COLOR OR 7. SHIGH, MARRIED. 8. DATE OF	BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	F. RACE WIDOWED, DIVORCED,	Months   Days   Hours   M.D.
	100. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	
ſ	dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stelle or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ā	retired) HOUSEWIFE OWN HOLLE	HARFORD Co., M.d. USA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	AMOS D. HARRISON	ISABELLE CLARK
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
.	(Yes, no or unk.) (If Yas, give war or deles of sarvice)	
,	NONE	H Clayton Merrymon Whiteful RX#1 h
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH -	INTERVAL BETWEEN ONSET AND DEATH
	immediate cause (a) Flangsion of	I till the I was
		1 the state longs
	74,100,000	or-renal server 4100
	GIVING RISE TO THE ABOVE CAUSE	or turning answer of yes;
	STATING UNDERLYING CAUSE LAST, DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	The much mes
	198. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	Michigaes.
1		20. AUTOPSY? YES NO 📆
ı	21a. ACCIDENT WAS UNDERLYING []   21b. PLACE (Homa, farm, fectory,   21	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.]	(and (and (and (and (and (and (and (and
Ì	21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21s. INJURY OCCURRED 1 2	18. HOW DID INJURY OCCUR?
	M. at work et work	
ı	22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Cl. Abril Conic
	22. I hereby certify that I attended the deceased from Africal 9	19.32.6, to
	alive on 15 , 19, and that death occurred at.	A.M. from the causes and on the date stated above.
	SIGNAL DIE	ADDRESS (Street, city, fown, state) DATE SIGNED
3	- Colivard It. Thyson M.D.	Haun Gran Pa 4/18/57
,	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	(2010)
	Bural 14-21-56 FAWN GRO	FAWN GROUF YORKIO, Po.
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	with 21-51 Princell from	n was a state of
1	DATE 7-20-36 V WOULLA TOWN TOOL	Kenneth Wagner Sevaldon Pa.

PART . . PERO

MARGIN RESERVED FOR BINDING

VS. A15

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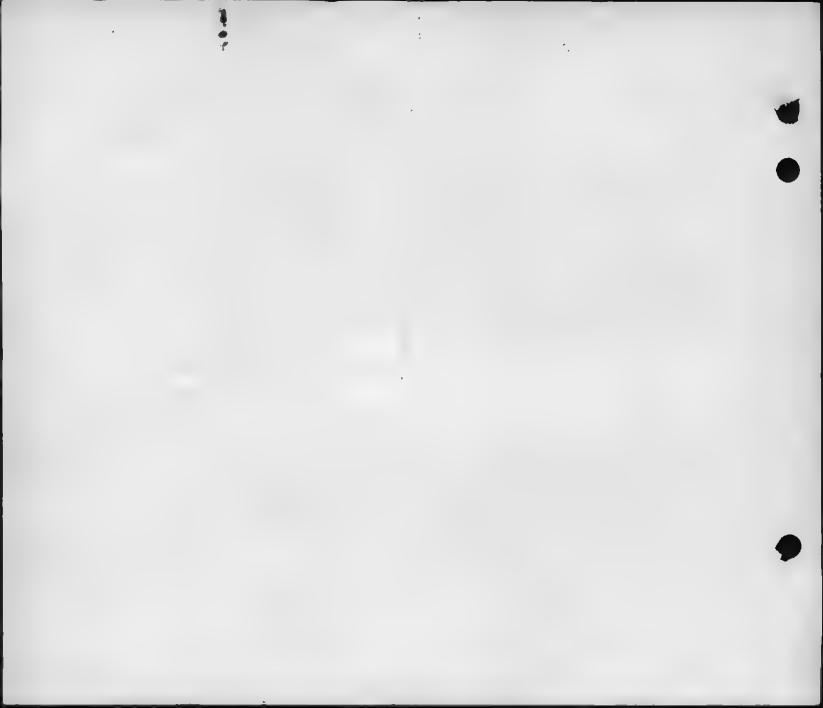
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Hankord. MARYLAND	STATE Maredared COUNTY	Hardand
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give	e nearght town)
OR give nearest town) TOWN (in this place)	TOWN () A ba	
HOSPITAL OR	STREET/ (If rural, give location)	
INSTITUTION OR V	ADDRESS MINI PI A A A . A &	ma '
STREET ADDRESS	Old Frieddelphia	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Which ham	nillstein. DEATH Upeul	22 195%
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE jast birthday   If under	year   If under 24 hrs.
male. whitz (Specify) married	6 6 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUMENTAL LOADEN -	Messia	PUNTAYS A
13. FATHER'S NAME	14./MOTHER'S MAIDEN NAME	0 13
Srael	Kaelical-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17/INFORMANT AND ADDRESS A	
(Yes, no, or unknown)   (If yes, give war or dates of ]	1 1/1/ 8/1-	aug-
serv(ce)	The art of the state of the sta	
18. MEDICAL CEI	RTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1271	<u> </u>	
Immediate cause (a) to contact	Mauhaalo	5 Reg +
	,	
Antecedent cause(s)	6010	1 Ut .
Diseases or conditions, if any, (b)		
stating the underlying cause last	1	
(c) Cosonary /	promposed august 195.	
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	*	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No D
SUICIDE HOMICIDE HOMICIDE INJURY  (Specify)  OF office bidg., etc.)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Not While		
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from Set 1.	, 1955, to Clp4, 22, 1956, that I last sa	at the decreed
22. I hereby termy that I attended the deceased nomes. Spy	, 10, to	w the deceased
alive on tels 17. , 1956, and that death occurred at	. 6 a. m., from the causes and on the date sta	ited ahove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1 1 1/1/10 0	V 2 22 711	6 L.
Fraket H. M. Culan M.M.	O. nuegouille ./ Rd.	Upr 22/56
23. BUXTAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY LOCATION Wity, town, or count	(State)
British 4-20-16 Noseo	lale Halto	MA
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR)	ADDRESS 10
REG.	bross famos Horas 6.1	5.5
	ruse heure au 2100 Um	A1111 / / X /

Takous call Nt. Palmes. Coroner Bel Air as faith Judden y that not been



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()41()5
L	4096 CERTIFICATE OF DEATH Rog. Dist. No. 186
1.	o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE MARYLAND  4 COUNTY  HENTOrd
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)  RUMAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)
	d'NAME OF HOSPITAL (IF not in hospital, give street address)  ON A FARM  YES \( \sum NO)  NO A FARM  ON A FARM
	NAME OF DECEASED   First Middle   Lost   4. DATE   Month   Day Year   OF DEATH   AFRIK 2/0 195
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Mi
0	Ou USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)  13. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)  14. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or foreign country)
	JAMES BRADY MARCH HORN BERGER
1S C	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (a) J or unknown)   (if yes, give wor or defea of service)   220-20-7169   17. INFORMANT   C. C. L.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o)  ONSET AND DEATH  MMEDIATE CAUSE (o)
	Conditions, if ony, which) (b) Consessed Syptematical Reserve
	gove rise to immediate couse (o), sloting the under- lying couse lost.  (c)  DUE TO  Coronary  Therefore
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO.
CHRTIF	20g. ACCIDENT WAS UNDERLYING
MEDICAL	County)
	21. I certify that I attended the deceased from Africa 23 1956, to Africa 1976, that I last sow the deceased on the deceased from 1976, and that death occurred of 6,389M, from the causes and on the date stated at
	ACTUAL SIGNATURE ACTUAL M.D. JACKS (Street, city or town, stole)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL M.D. JACKS (Street, city or town, stole)  DATE SIGNATURE
	PHYSICIAN'S Charles J. Foley
	20. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
-	Burial Apr. 30, 1956 Cokesbury Memorial Abingdon, Harford, Md.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR'S SIGNATURE
	News A McCours & Authority DATE HOW 1- 19 6 l. X Xews M.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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4 24		4098 CERTIFICATE OF DEATH Reg. Dist. No. / 8	35-
Page Villed Will		PLACE OF DEATH a. COUNTY Hor for the MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit a. STATE of the COUNTY of th	ision)
<b>8</b> 9	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give) recrest town Aberdan	
by the		HEALOWEDEROLF Harford Meleuchian R.D = 22	SIDENCE A FARM? NO
filled in		NAME OF DECKASED (Type or pr.nt) Heorge Orman Treston 4. DATE OF DEATH A P. 1 Day	Year 1956
ers. Pop	L	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In years low birthday)   Months Days Hours   WIDOWED   DIVORCED   OCT 5th 1886   65 H yrs.   Months Days Hours	Min.
and com on pap	9	during most of working life, even if retired)  Attrice   Active	COUNTRY
sician of ve carb		Hexander Preston 14. MOTHER'S MAIDEN NAME alice Alay.	
h certifi ling phy se remo n 72 ho		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  The Was give wor or dotes of service)  The Was Governor or dotes of service)  The Was Governor or dotes of service)	t & Wes
he deal e offend en plea nt withi		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  Left venturaler failure  ONSET ANI	ETWEEN DEATH
ed by the mit. The man of the control of the contro		Conditions, if any, which arterrorelevite Cavilier asculer disease	
cion. en signe ansit per	z	couse (a), stating the <u>under:</u>   lying cause last.   (c)	11 50-54
The loving physical p	MCATION		ORMED?
othendin ertificate os the b	AL CHIT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Stote)
oital ar r this ce far use crematii	MEDICAL		
noched burial,		21. I certify that I attended the deceased from Jun 15, 1956, to Community, 1956, that I last saw the alive on a form of that death occurred at 753 ff. M. from the causes and an the date state	ed above.
OR AT		SIGNATURE De Sturkett, Jr. M.D. 617 W. Belair any ex-	S-18
SPITAL be relai MERAL E 3 shaul gistrar	220	PHYSICIAN'S NAME (Type)  O. BURIAL, CREMATION, 12th. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City lawn, or couply) 4 (Store)	
TO HO TO FUN Poge the re		O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or couply) (Stocker) (Colored Chaple) (Colored Chaple) (Stocker) (City town, or couply) (City tow	us.
VS A15 (4) 15M 9/55		Soler G. Sarrieg absretion Wed. DATE Apr. 10-56 G. L. Jewis	m.D.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04108
			4099 CERTIFICATE OF DEATH Reg. Dist, No. / 8/2
Page 4		1.	PLACE OF DEATH O COUNTY  Harford MARYLAND  2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) O. STATE Maryland b COUNTY Harford
P S	1.4		b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the f	N. j		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  WE GROW TO A FARM? YES TO [
24 Bou			NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DOST AND THE MONTH Day Year OF DEATH  NAME OF DEAT
within Tely fi		5.	6. COLOR OR RACE 7. MARRIED DIVORCED B DATE OF BIRTH  9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS  lost birthday)  WILDOWED DIVORCED B HOURS Min
executed and complete management depth.	,	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
e be estanta		13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  17. S.
physici prove pours pours	*	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [If yes, give wor or dotes of service]  [If yes, give wor or dotes of service]
Both ce	ş	-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
the de the other plan plan plan plan plan plan plan plan			PART I. DEATH WAS CAUSED BY: Massis Carely of hemorrhage ONSET AND DEATH  DUE TO  DUE TO
es that ed by t mit. I			Conditions, if any, which are issent immediate (b) MORE: Mart in exportancion. 4-Mis
requir			couse (a), stoting the under.   DUE TO   lying couse lost.   (c)
physic physic as bille ightrol	۴.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 1/2
IAN: Tiending fices he bur			20g ACCIDENT WAS UNDERLYING ACOMORD TO THE PROPERTY OF THE PRO
PHYSIC of ar att this certi r use as emotian		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 Of work of work 19 Of wor
ched fai			21. I certify that I attended the deceased from NOV., 1921, to Child 14, 1956, that I last saw the deceased alive on Shall 4, 1956, and that death occurred of 4 50 M, from the causes and an the date stated above.
OR ATTERMED BY PRECTO	- 1		ACTUAL WILL DATE P. HERBERT M.D. FOREST HER MO HISTORIA
4000		L	PHYSICIAN'S WILLIARD PHUDSON FOREST HILL, Md.
HOS FUN Sge		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)  DURI OL THEREOF (Stote)  LINE 17/56  LENTER WITHOUTST TO REST 18:11 THEREOF (Stote)
VS A15 (4)		23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  DATE 4-16-54 PLANTING  DATE 4-16-54 PLANTING
10111 77 00	(	9	The state of the s

BUREAU V. S.

7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()41()9
*	4121 / CERTIFICATE OF DEATH Reg. Dist. No. / 8 /
Pogs director	2. USUAL RESIDENCE (Where deceased lived it institution: Residence before admission) o. STATE // Wary (use) b. COUNTY Har ford
X X	b. CITY OR TOWN (If outside opporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL and give nearest town)
by the f	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS  / e. IS RESIDENCE ON A FARM? YES \( \text{NO } \) NO \( \text{NO } \)
24 hours led in s 1 and	3. NAME OF DECEASED (Type or print) Lesau Stansbury DEATH (Str. 19.36.
etely fil	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTY 9. AGE (In yours lost birthdoy)  Celored Widowed Divorced Villy 7th 1872 9. AGE (In yours lost birthdoy)  Widowed Divorced Villy 7th 1872 9. AGE (In yours lost birthdoy)  Widowed Divorced Villy 7th 1872 9. AGE (In yours lost birthdoy)  Widowed Divorced Villy 7th 1872 9. AGE (In yours lost birthdoy)  Amonths Days Hours Min.
d complete pages	100. USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?
ion once marbin ofter d	13 FATHER'S NAME James Webster 4 MOTHER'S MAJDEN NAME Carlos Webster
ertifico	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes. no. or unknown) (If yes, give wor or dotes of service)
eath c	18 CAUSE OF DEATH [Enter only one couse pecline for (a), (b), and (c).]  INTERVAL BETWEEN
the off	PART I, DEATH WAS CAUSED BY: Corrective Heart Lailure  WHO DUE TO  ONSET AND DEATH  ONSET AND DEATH
表 文: 文	Canditions, if ony, which ) (b)
signed if perm	gove rise to immediate course (a), stating the under lying cause lost  OUE TO Cirtario scleratic Heart disease
physicio as been iol-trons avot, a	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: Ti ending fico  hit the bur or rem	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of ar off in the certification.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.    Hour a. m.
SING Spill After 1 of, cr	21. I certify that I attended the deceased from 2/23, 1933, to 4/7, 1936, that I last saw the deceased
letoch o buri	alive on A 4/ , 19 , and that death occurred at 12:10 ft. M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
OR And by IRECT A be or prior t	SIGNATURE FLORGE J. Thansbury, M.D. 568 Revolution St, Houre de Groce, M. d. 4/9/36
reform	PHYSICIAN'S GEORGE T. Stans birty
May be the regi	220 BURIAL CREMATION, 1826. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) of Burial Upv. 150 Union W. L. Denistery alexales heral. Upv.
VS A15 (4) 15M 9/55	23. FUNTRALOPRECTOR'S SIGNATURE ABERCLES TERES. 240 REC'D BY REGISTRAR'S SIGNATURE.  DATE Way 1/-56 D REC'STRAR'S SIGNATURE.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU K. E.

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